MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00789

Reg. Dist. No. 265

1. PLACE OF DEATH- COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 1 day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) DONNIE (Middle) (Last) BONNEVILLE			4. DATE OF DEATH (Month) 1/17/50 (Day) (Year) 19	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH Sept. 16, 1895	9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Deal Island, Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Asbury Abbott			14. MOTHER'S MAIDEN NAME Sallie Webster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS David Bonneville-Marion, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease Acute Del of Heart	3 months
Antecedent cause(s)	(b) Chronic Int nephritis	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic nephritis	3 yrs

420.1

131b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 17, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 7:15 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Coulbourn M D — ADDRESS Marion Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 1/19/50	NAME OF CEMETERY OR CREMATORY Rehobeth (Md.) Baptist	LOCATION (City, town, or county) (State) Rehobeth, Md.
DATE REC'D BY LOCAL REG. 1/19/50	REGISTRAR'S SIGNATURE Betty Massey	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00790

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26K

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Princess Anne Rte 2
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	W	Curtis	Jan	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE: Last birthday ... yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan 21 1878	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Carpenter	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Cyrus Curtis	Not Obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		James D Corbett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	Indefinite
	(c) Generalized Arteriosclerosis	

331X
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept, 1947, to Jan 20, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

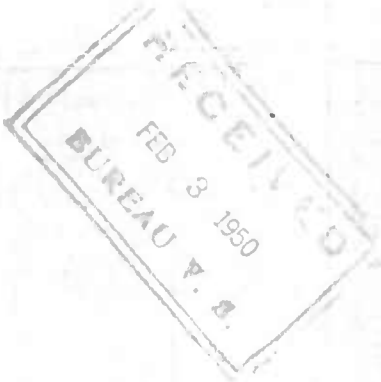
SIGNATURE Thos. W. Wheatley (Degree or title) ADDRESS Princess Anne, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/24/50	St Pauls M E	Princess Anne Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/50	Lola L. Wheatley	W. Fletcher Dodd	Salisbury

VS. A15

46 VI


RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00791

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 62yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Rural, Polks Road

3. NAME OF DECEASED (Type or Print): (First) Rufus (Middle) D. (Last) Dashiell

4. DATE OF DEATH: (Month) 1 (Day) 4 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-12-1887

9. AGE last birthday: 62 yrs. If under 1 year: Months 1, Days 12, Hours 12, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Somerset Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hampton Dashiell

14. MOTHER'S MAIDEN NAME: Leath Furniss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mary E. Dashiell, Princess Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

602X Immediate cause (a) Nephrolithiasis — Interval Between Onset and Death: 2 years

Antecedent cause(s)

134a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Infection of Urinary Bladder — 6 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1948 to Jan. 4, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edna G. Mansman Princess Anne Md.

23. BURIAL, CREMATION REMOVAL (Specify) DATE 1-7-50 NAME OF CEMETERY OR CREMATORY Polk Road LOCATION (City, town, or county) Polk Road Pr. Anne (State) Md.

DATE REC'D BY LOCAL REG. 1/6/50 REGISTRAR'S SIGNATURE R. L. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR William H. Jones Jr. ADDRESS Princess Anne Md.

COPY

RECEIVED
JAN 9 1950
BUREAU V. B.

00792

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) Cook (Last) De Costa
4. DATE OF DEATH (Month) January (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH August 30, 1893
9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Summerville, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lalar Cook
14. MOTHER'S MAIDEN NAME Hegar Simmons.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Dr George Hunter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Haemorrhage	9 days
Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1949, to Jan 10, 1950, that I last saw the deceased alive on Jan 9, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE Eldon G. Marksman, M.D. (Degree or title) ADDRESS Princess Anne, Md DATE SIGNED 1.10.50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-12-50
NAME OF CEMETERY OR CREMATORY Private Family Cemetery
LOCATION (City, town, or county) Summerville, (R.F.D.) (State) S.C.

DATE REC'D BY LOCAL REG. 1/11/50
REGISTRAR'S SIGNATURE R. H. Johnson, M.D.
24. FUNERAL DIRECTOR J. Edgar Thomas. ADDRESS Accomac, Va.

B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00793

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne | LENGTH OF STAY (In this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beechwood St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location) Beechwood St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Upshur (Last) Dixon Sr.

4. DATE OF DEATH: (Month) Jan. (Day) 4 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 7, 1883

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Railroading

11. BIRTHPLACE (State or foreign country): Marion, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Dixon

14. MOTHER'S MAIDEN NAME: Josephine Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Virginia Butler

18. MEDICAL CERTIFICATION: Princess Anne, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute left ventricular failure — 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute alcoholism — 7 days

(c) Myocardial insufficiency — ? years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity — ? years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1950, to Jan. 4, 1950, that I last saw the deceased alive on Jan. 4, 1950, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: R. Huntable Jr. M.D. (Degree or title) | ADDRESS: Princess Anne, Md. | DATE SIGNED: Jan. 4, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-6-1950 | NAME OF CEMETERY OR CREMATORY: Manokin Presbyterian | LOCATION (City, town, or county) (State): Princess Anne, Md

DATE REC'D BY LOCAL REG. 1/5/50 | REGISTRAR'S SIGNATURE: R.E. Johnson, M.D. | 24. FUNERAL DIRECTOR: Levin B. Wilson | ADDRESS: Princess Anne, md 31647

322.0 422.2 77 C

VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00794

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvary district

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Calvary section

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) C. (Last) FLUEHART

4. DATE OF DEATH: (Month) (Day) (Year) 1/31/50 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unknown Denied Pat

9. AGE last birthday: 48? yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Fluehart

14. MOTHER'S MAIDEN NAME: Hattie Wharton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: William T. Fluehart, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

0024

Immediate cause (a) Tuberculosis of lungs — Interval between onset and death: 5 yrs

13b

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to ....., 19....., that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. A. Rose M.D. Crisfield md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 2/2/50 — NAME OF CEMETERY OR CREMATORY: Crisfield Cemetery — LOCATION (City, town, or county) (State): Crisfield, Maryland

DATE REC'D BY LOCAL REG. 2/2/50 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors, Crisfield

93849

RECEIVED
FEB 6 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 FEB 3 1950

00795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HUGH ~~HIGH~~ (Middle) H. (Last) FORD

4. DATE OF DEATH (Month) (Day) (Year) 1/13/50 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Oct. 2, 1880

9. AGE last birthday 69 ~~70~~ yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Marion, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Ford

14. MOTHER'S MAIDEN NAME Elizabeth Crosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Herman Ford--Marion, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Disease	2 weeks
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Int. Nephritis	1 year
	(c) Chronic Myocarditis	

420.1

131b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1949, to Jan 13, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 6:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George C. Coulbrook MD Marion MD Jan 14 50

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE 1/16/50

NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery

LOCATION (City, town, or county) (State) Marion, Maryland

DATE REC'D BY LOCAL REG. 1/14/50

REGISTRAR'S SIGNATURE Betty Massey

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors Crisfield

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 18 1950
BUREAU V. S.

00796

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 262

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, R.F.D. LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City, R.F.D.
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) Ellsworth (Last) Fritz
4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 20 1868
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill Laborer
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hirmain Fritz
14. MOTHER'S MAIDEN NAME Dorothy Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Daughter—Miss Elsie M. Fritz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH ✓

Immediate cause (a) Dry gangrene of both legs

455 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

98

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day), (Year), (Hour) No injury
INJURY OCCURRED While at work ☐ Not while at work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne Md DATE SIGNED 1/4/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 5-1950 NAME OF CEMETERY OR CREMATORY Holland Cemetery LOCATION (City, town, or county) Rural Pocomoke, Somerset Md (State)

DATE REC'D BY LOCAL REG. Jan 4. 1950 REGISTRAR'S SIGNATURE Mrs Clayton Davis
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke Md.

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00797

CERTIFICATE OF DEATH

Reg. Dist. No. 760

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey — COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wrightstown
STREET ADDRESS ? (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Laura	W.	Harker-Hurd	Jan	28	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fe	White	Married	Jan. 15, 1876	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		New Jersey	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Parker	? - Conset

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Orson Merrill Hurd - Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Thrombosis	30 min.
420.1 Antecedent cause(s)	(b) Coronary Occlusion	2 mos.
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Coronary Artery Disease	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from —, 19....., to Jan 28, 1950, that I last saw the deceased alive on Jan 27, 19—, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
R. Huntable Jr. M.D.	Princess Anne Md.	1-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-31-1950	Jacobstown Cemetery	Jacobstown N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/28/50	R.T. Johnson, M.D.	Lester R. Wilson	Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
FEB 2 1950
BUREAU V. S.

00798

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 N. 4th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 104 N. 4th St.

3. NAME OF DECEASED (Type or Print): (First) BEATRICE (Middle) (Last) HARRIS

4. DATE OF DEATH (Month) (Day) (Year): 1/22/50 19

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 4/ 9/ 1908

9. AGE last birthday: 41 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Deals Island

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Harris

14. MOTHER'S MAIDEN NAME: Elizabeth Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Henreitta Harris-same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Anuria & Starvation. — 10 days

600.0 Antecedent cause(s)

133a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pyelonephritis — 3-4 wks

(c) Manic State of below psychosis — 10 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-Depressive psychosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1947, to Jan., 1950, that I last saw the deceased alive on Jan 21., 1950, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. S. Rawley M.D. Crisfield. 1-24-50

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 1/24/50 — NAME OF CEMETERY OR CREMATORY: Deals Island Cemetery — LOCATION (City, town, or county) (State): Deals Island, Md.

DATE REC'D BY LOCAL REG. 1/24/50 — REGISTRAR'S SIGNATURE: Betty Tyler

24. FUNERAL DIRECTOR ADDRESS: Bradshaw Funeral Parlors, Crisfield

53086

RECEIVED
JAN 26 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 124 MAR 15 1950

00799

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Woodland (Middle) Purnell (Last) James

4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Widowed	Dec 2 1891	~~59~~ 58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butler	Private Home	Somerset County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ishma James	Inda Doorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Emily James, Prin Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	6 months
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebral Haemorrhage	2 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 15th, 1949, to Jan 6, 1950, that I last saw the deceased alive on Jan 5th, 1950, and that death occurred at 1:30A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldon G. Marksman		Princess Anne, Md	1. 10. 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-10-50	John Wesley	Princess Anne, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/10/50	R. S. Johnson, M.D.	William H James Jr	Pr Anne, Md

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No: G 123 JAN 17 1950

00800

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
LENGTH OF STAY (in this place): 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dames Quarter
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Denwood (Middle) W. (Last) Jones

4. DATE OF DEATH: (Month) Jan. (Day) 5, (Year) 1950

5. SEX: male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 23, 1903
9. AGE last birthday: 46 ~~47~~ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor
10b. KIND OF BUSINESS OR INDUSTRY: labor
11. BIRTHPLACE (State or foreign country): Dames Quarter
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willie Jones
14. MOTHER'S MAIDEN NAME: Mary Games

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no
16. SOCIAL SECURITY No.: 218-20-5006
17. INFORMANT AND ADDRESS: Margaret E. Jones

18. MEDICAL CERTIFICATION Dames Quarter, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Nov 20 49

431 Antecedent cause(s)

93a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 20, 1949 to Jan 5th, 1950, that I last saw the deceased alive on Jan 4th, 1950, and that death occurred at 2.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldor G. Marksman — ADDRESS: Princess Anne, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 1-8-1950 — NAME OF CEMETERY OR CREMATORY: Dames Quarter Cemetery — LOCATION (City, town, or county) (State): Dames Quarter, Md

DATE REC'D BY LOCAL REG.: 1/6/50 — REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr. — 24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU U. S.

00801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mt Vernon COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Vernon RFD#1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Grace (Middle) Mae (Last) Jones

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Sept 2, 1927

9. AGE last birthday 22 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory

10b. KIND OF BUSINESS OR INDUSTRY Canning factory

11. BIRTHPLACE (State or foreign country) Mt Vernon, Md.

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME George Jones

14. MOTHER'S MAIDEN NAME Emma Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. 213-22-7259

17. INFORMANT AND ADDRESS Emma Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mucous Colitis	3 months
573.1 Antecedent cause(s)		
120a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) General Debity with Asthenia	2 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14th, 1949, to Jan 8th, 1950, that I last saw the deceased alive on Jan 4, 1950, and that death occurred at 5.00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eldon G. Marksman Princess Anne, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Jan 11, 1950 NAME OF CEMETERY OR CREMATORY St Paul Cemetery LOCATION (City, town, or county) (State) Mt Vernon, Md.

DATE REC'D BY LOCAL REG. 1/11/50 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. Jr.

24. FUNERAL DIRECTOR Dale Dashiell ADDRESS Pr. Anne, Md

98837

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00802

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NORA	Jones	Outten	Jan	15	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec. 27, 1880	69 yrs.		19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Moses P. Jones	Henrietta Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Mrs. Annie Outten Lambertson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

430.1 **Immediate cause** (a) Cerebral Hemorrhage Coronary Disease

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Nephritis — Years

(c) Chronic Myocarditis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
None			m.		

22. I hereby certify that I attended the deceased from Jan 12, 1950, to Jan 15, 1950, that I last saw the deceased alive on Jan. 15, 1950, and that death occurred at 12 35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eugene L. Cochrum M.D.		Marion Pts. Md.	Jan 16. 50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 18, 1950	Nelson	New Church	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/17/50	Betty W. Tyler	D. A. Shields	New Church, Va

RECEIVED
JAN 21 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00803

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS/A15

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print): (First) Percy (Middle) J. (Last) Purnell

4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 17, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months 11, Days 14; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood Dealer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: R. Edwin Purnell

14. MOTHER'S MAIDEN NAME: Alberta Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: B. H. Sterling. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset and Death: 8 hrs

531 X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 21, 1946, to Jan 1, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

C. H. Rawley M.D. | Crisfield, Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 3, 1950 | NAME OF CEMETERY OR CREMATORY: Crisfield Cem. | LOCATION (City, town, or county) (State): Crisfield, Md

DATE REC'D BY LOCAL REG. 1/3/50 | REGISTRAR'S SIGNATURE: Betty W. Tyler | 24. FUNERAL DIRECTOR: Durward D. Covington | ADDRESS: Crisfield Md.

132 X

RECEIVED
JAN 9 1950
BUREAU V. A.

00804

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) W. Main St.

3. NAME OF DECEASED (Type or Print)	(First) FRANK	(Middle) DARBY	(Last) RIGGIN	4. DATE OF DEATH (Month) 1/11/50 (Day) (Year) 19	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 1887	9. AGE last birthday 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Crisfield, Maryland	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Riggin			14. MOTHER'S MAIDEN NAME Virginia Sterling		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If year, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS Mrs. Virginia Somers--same as above		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute dilatation of Heart

422.2 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Myocarditis & Interstitial Nephritis yrs.?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1950, to 1/11, 1950, that I last saw the deceased alive on 1/11, 1950, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE C Rawley M.D. (Degree or title) ADDRESS Crisfield DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 1/13/50	NAME OF CEMETERY OR CREMATORY Crisfield Cemetery	LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REG. 1/13/50	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

308V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 30 1950
BUREAU OF

00805

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 13.
LENGTH OF STAY (in this place) Not at all
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Nassau
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) Jan (Middle) A (Last) Rynaszewski
4. DATE OF DEATH (Month) Jan (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov 24, 1899
9. AGE last birthday 50 yrs. If under 1 year Months ✓ Days ✓ If under 24 hrs. Hours ✓ Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Pittsburgh Penna
12. CITIZEN OF WHAT COUNTRY? N.Y.

13. FATHER'S NAME Anthony Rynaszewski
14. MOTHER'S MAIDEN NAME Mary Nowak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ (If yes, give war or dates of service) ✓
16. SOCIAL SECURITY NO. ✓
17. INFORMANT Louise Rynaszewski

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Disease	5 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940	(b) ✓	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at work ☐ Not while at work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County

SIGNATURE Henry M Lankford M.D. (Degree or title) ADDRESS Princess Anne Md DATE SIGNED 11/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/16/50 NAME OF CEMETERY OR CREMATORY Freeport Cemetery LOCATION (City, town, or county) Freeport L.I. (State) N.Y.

DATE REC'D BY LOCAL REG. 1/13/50 REGISTRAR'S SIGNATURE R. H. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS

988-60

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 16 1950
BUREAU Y. S.

00806

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
   LENGTH OF STAY (in this place): 28 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland Somerset COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
   STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ORA (Middle) FOSTER (Last) SWIFT

4. DATE OF DEATH: (Month) 1/2/50 (Day) (Year) 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 25, 1913

9. AGE last birthday: 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Purlear, N. Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James T. Foster

14. MOTHER'S MAIDEN NAME: Laura Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: James E. Swift- Kingston

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Dilatation Heart	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	Years
	(c) Myocardial Nephritis	2 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no.				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Jan 2, 1950 that I last saw the deceased alive on ....., 19....., and that death occurred at 5.05 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

George C Buchanan MD Marion Sta Md

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/4/50	Rehobeth Baptist Cem.	Rehobeth, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
1/3/50	Betty Massey	Bradshaw Funeral Parlors Crisfield

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JAN 9 1950
BUREAU V. S.

00807

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH · COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 48 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Broadway	STREET ADDRESS (If rural, give location) 222 Broadway

3. NAME OF DECEASED (Type or Print)	(First) MANIE	(Middle) E.	(Last) TAWES	4. DATE OF DEATH (Month) 1/15/50	(Day) (Year) 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH 4/25/1884	9. AGE last birthday 65 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer-garment factory	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Accomac County, Virginia	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John H. Tyndall		14. MOTHER'S MAIDEN NAME Mary Elizabeth Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Robert Tawes-Broadway-Crisfield			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Dialated

Antecedent cause(s) (b) Anterio Sclerosis - Diabetes

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Mellitis Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Nephritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm. H. Coulbourn	MD	Crisfield Md	Jan 17 50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 1/17/50	NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery	LOCATION (City, town, or county) (State) Crisfield, Maryland
DATE REC'D BY LOCAL REG. 1/17/50	REGISTRAR'S SIGNATURE Betty W. Tyler	24. FUNERAL DIRECTOR Bradshaw Funeral Parlors	ADDRESS Crisfield

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 21 1950
BUREAU V. S.

Evidence for addition of #4 shown on:

FILM No. G 124 JAN 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00808

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH COUNTY: Somerset County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Md. LENGTH OF STAY (in this place): Lifelife	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Gene (Middle) Michael (Last) Webster

4. DATE OF DEATH: (Month) Jan. (Day) 20, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: May 2, 1948

9. AGE last birthday: 2 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: William Webster

14. MOTHER'S MAIDEN NAME: Nora Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William Webster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.1 Immediate cause (a) Probable Cerebral Edema

Antecedent cause(s)

120a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Convulsion - High Temp.

(c) Acute G.I. Upset

INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr. Dead on arrival

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19..., to Jan. 20, 1950, that ~~I last saw the~~ deceased alive on Jan. 20, 1950, and that death occurred at about 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos. B. Whelgrove

ADDRESS: Princess Anne, Md.

DATE SIGNED: 1/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan 22, 1950

NAME OF CEMETERY OR CREMATORY: St Johns Cemetery

LOCATION (City, town, or county): Deal Island, Md (State)

DATE REC'D BY LOCAL REG.: 1/21/50

REGISTRAR'S SIGNATURE: Lola T. Wheatley

24. FUNERAL DIRECTOR: Charles Dashiell

ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

RECEIVED
JAN 25 1950
BUREAU F. S.

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00809

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH · COUNTY: Somerset · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Venton · LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Venton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: no	STREET ADDRESS (If rural, give location): Route # 3 Princess Anne

3. NAME OF DECEASED (Type or Print)	(First) Jennie	(Middle) V.	(Last) Woolford	4. DATE OF DEATH	(Month) 1 - (Day) 27 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: a a	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow	8. DATE OF BIRTH: about 1888	9. AGE last birthday: about 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Edward Brice	14. MOTHER'S MAIDEN NAME: Luvenia Gale				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no · (If year, give war or dates of service): ✓	16. SOCIAL SECURITY NO.: no	17. INFORMANT AND ADDRESS: Mrs. Emma C. White			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.2 Immediate cause	(a) Chronic myocarditis	3 mths
Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 15th, 1949, to Jan. 27, 1950, that I last saw the deceased alive on Jan. 25th, 1950, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldore G. Mansman		Princess Anne	Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1-29-50	NAME OF CEMETERY OR CREMATORY: Grace Cemetery	LOCATION (City, town, or county): Venton, Somerset Co. (State): Md.
DATE REC'D BY LOCAL REG.: 1/28/50	REGISTRAR'S SIGNATURE: R. H. Johnson, M.D. Jr.	24. FUNERAL DIRECTOR: Norma J. Ward	ADDRESS: Marion Sta., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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FEB 2 1950
BUREAU V. S.